



**WALKER COUNTY GOVERNMENT**  
**c/o Human Resources**

P. O. Box 445  
Lafayette GA 30728

(706) 638-1437  
(706) 638-1453 FAX

**Safety Sensitive Employment Application**

**Read This Section Before Completing The Application**

1. Walker County Government is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex, sexual orientation, or disability.
2. Walker County Government maintains a Drug Free Workplace. All job offers are contingent upon the applicant successfully completing a pre-employment drug screen, and all employees will be subject to random drug and alcohol testing as required under the County's Drug and Alcohol policy.
3. Consideration for employment is also contingent upon the results of a reference and background check. If the position requires the ability to drive or operate a motor vehicle, a clear MVR will also be required.
4. If accepted for employment, the applicant shall be required to provide proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986.
5. Per the Georgia Smoke Free Air Act 2005, smoking and the use of smokeless tobacco products, as well as vapes and vape products, is prohibited in all enclosed public areas and on County property except as permitted in Code Section 31-12A-6.
6. All information submitted in this application may be subject to public review under the Georgia Open Records Act.
7. This application will be considered active for job vacancies which occur during the next sixty [60] days and held in the Human Resources Department for review by hiring managers. If the applicant wishes to be considered for any positions open after that period, they must renew their application.
8. No applicant will be considered for a position without a current application completed and submitted to the Human Resources Department, Resumes are welcome and may be attached to the application packet but do not, of themselves, constitute an application for a position.
9. All appointments are subject to a (90) ninety day Introductory Period. During this time the employee must demonstrate their fitness for continued employment.
10. No event in the hiring process shall be considered as creating a contractual relationship between the applicant and Walker County Government and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship at any time, with or without notice.

**BY SIGNING BELOW I ATTEST THAT I UNDERSTAND THE INFORMATION LISTED ABOVE.**

Date \_\_\_\_\_

\_\_\_\_\_

Applicant's Signatur

Each question must be answered even if you are attaching a resume.

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Days Available to Work: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Have you ever applied to Walker County before? YES NO  
   
If yes, where and when? \_\_\_\_\_

Have you ever worked for Walker County? YES NO  
  If yes, where and when? \_\_\_\_\_

Do you currently have relatives who work for Walker County? YES NO  
   
If yes, who and where? List all. \_\_\_\_\_

Are you over 18 years of age? YES NO Do you have the legal right to work in the U.S.? YES NO

Have you ever been convicted of anything other than a minor traffic offense? YES NO  
  If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal at any time during my employment.*

*I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Walker County Government from all liability for any damage that may result from utilization of such information.*

*This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL**  
**SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

\_\_\_\_\_  
Applicant First Name, Middle Initial, Last Name

\_\_\_\_\_  
Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes\_\_\_\_\_ (if yes, complete #1 and #2)

No\_\_\_\_\_ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes\_\_\_\_\_ No\_\_\_\_\_

b) Had a verified positive drug test result?

Yes\_\_\_\_\_ No\_\_\_\_\_

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes\_\_\_\_\_ No\_\_\_\_\_

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes\_\_\_\_\_ No\_\_\_\_\_

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes\_\_\_\_\_ No\_\_\_\_\_

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
(Use additional pages as necessary)

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed.)*



WALKER COUNTY GOVERNMENT  
HUMAN RESOURCES DEPARTMENT

**PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

1. I hereby consent to submit to urinalysis and/or other tests as shall be determined by Walker County Government in the selection process of applicants for employment, for the purpose of determining the drug content thereof.
2. I hereby acknowledge that I have been notified of the requirements of Walker County Government's Substance Abuse Policy.
3. I agree that Walker County Government, or its agent, may collect these specimens for these tests and test or forward them to a testing laboratory designated by Walker County Government for analysis.
4. I further agree to and hereby authorize the release of the results of said tests to Walker County Government.
5. I understand that the current use of illegal drugs prohibits me from being considered for employment with Walker County Government.
6. I further agree to hold harmless Walker County Government and its agents from any liability arising in whole, or in part, out of collection of specimens, testing and use of the information from said testing, in connection with Walker County Government's consideration of my application of employment.
7. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.
8. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:  
Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Applicant:  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Guardian Signature (if applicant is under 18) \_\_\_\_\_

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AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A separate form must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, \_\_\_\_\_, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

may release the information requested below concerning my US DOT drug and alcohol testing records

to: Contact Person: \_\_\_\_\_ Sharleen Robinson, Human Resources Director \_\_\_\_\_

Prospective Employer: \_\_\_\_\_ Walker County Government \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ P O Box 445 \_\_\_\_\_ Telephone: \_\_\_\_\_ 706-638-1437 \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Lafayette, GA 30728 \_\_\_\_\_ Fax: \_\_\_\_\_ 706-638-1453 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the \_\_\_\_\_. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here [ ] if this employee did not participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? Y \_\_\_ N \_\_\_
2. Has this employee had a verified positive drug test result in the last two years? Y \_\_\_ N \_\_\_
3. Has this employee refused a required drug or alcohol test in the last two years? Y \_\_\_ N \_\_\_
4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? Y \_\_\_ N \_\_\_
5. Has a previous employer reported a drug and alcohol rule violation to you? Y \_\_\_ N \_\_\_
6. If you answered yes to any of the above items, did the employee complete the return to duty process? Y \_\_\_ N \_\_\_

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Previous Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the prospective employer at the address listed above.



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Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Walker County Government and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Walker County Government or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Walker County Government and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested.



WALKER COUNTY GOVERNMENT  
HUMAN RESOURCES DEPARTMENT

## AUTHORIZATION TO RELEASE INFORMATION ON DRIVING HISTORY

I hereby authorize the Walker County Government Human Resources Department or other authorized representative of Walker County bearing this release or copy thereof, to obtain any information in my files pertaining to my driving record for the past seven years.

This release is executed with full knowledge and understanding that the information is for the official use for my employment at Walker County Government.

Consent is granted for Walker County to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. This form shall be valid over the course of my employment or volunteer services while authorized to drive county vehicles owned by Walker County.

Name As It Appears on Driver's License \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Affirmative Action Program**  
**Self Identification Form**

**Required Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

**Voluntary Information**

To comply with the regulations for Equal Employment Opportunity and Affirmative Action (EEO/AA), Walker County Government (WCG) must track all our applicants by gender, race/ethnicity, veteran status, and the position for which they applied. We are an organization that values diversity and encourages women, minorities, and veterans to apply. For this reason, we invite you to indicate your gender, race/ethnicity, and veteran status below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department and will be used only for the necessary statistical information to include in our Affirmative Action Program and reporting to the government. When reported, data will not identify any specific individuals.

**Gender**

Male       Female

**Race/Ethnic Identification** Please check one box only.

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

I choose not to self-identify.

## Veteran Status

This company is also subject to the **Vietnam Era Veterans' Readjustment Assistance Act of 1974**, as amended by the **Jobs for Veterans Act of 2002**, 38 U.S.C. 4212 (VEVRAA), which requires organizations receiving Federal funds to take affirmative action to employ and advance in employment veterans in the following classifications:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As an organization subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



All new employees will be required to present documentation at New Hire Orientation for the I-9 verification process. These are the only documents acceptable by USCIS and no substitutions are allowed. The Human Resources representative must see the originals; no photocopies will be accepted. The employee's start date may be delayed if unable to present these documents at NH Orientation, or if USCIS questions some component of the documents and does not authorize the individual as authorized to work in the USA. WCG will work with the applicant in every way possible to correct any problems so that they may begin employment as soon as possible.

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol>
<ol style="list-style-type: none"> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> </ol>		<ol style="list-style-type: none"> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> </ol>
<ol style="list-style-type: none"> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>		<ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> </ol>		<ol style="list-style-type: none"> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> </ol>
<ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>		<ol style="list-style-type: none"> <li>4. Voter's registration card</li> </ol>		<ol style="list-style-type: none"> <li>4. Native American tribal document</li> </ol>
<ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Citizen ID Card (Form I-197)</li> </ol>
<ol style="list-style-type: none"> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>6. Military dependent's ID card</li> </ol>		<ol style="list-style-type: none"> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
		<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>		<ol style="list-style-type: none"> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>
		<ol style="list-style-type: none"> <li>7. U.S. Coast Guard Merchant Mariner Card</li> </ol>		
		<ol style="list-style-type: none"> <li>8. Native American tribal document</li> </ol>		
		<ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>		
		<ol style="list-style-type: none"> <li>10. School record or report card</li> </ol>		
		<ol style="list-style-type: none"> <li>11. Clinic, doctor, or hospital record</li> </ol>		
		<ol style="list-style-type: none"> <li>12. Day-care or nursery school record</li> </ol>		